DABETES

The Newsletter of the Texas Diabetes Council



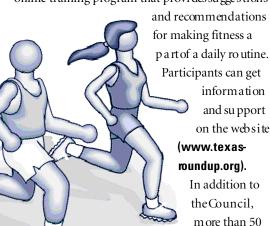
Texas Diabetes Council endorses Texas Round-Up

The Texas Di a betes Council has end o rsed the Texas Round-Up, Gov. Rick Perry's health and fitness campaign to en courage all Texans to incorporate daily physical activity and healthy choics into their lives.

he Governor notes that inadequate or low fitness levels cost Texas taxpayers and businesses \$10 billioneach year due to increased use of the health care sys tem and lost productivity in the work place. Five out of eight Texas adults are considered overweight or obese, and only one in four Texans participates in the recommended amount of physical activity.

"The Texas Diabetes Council is pleased to support the Governor's ef forts to combat excess weight and the risk for type 2 diabetes and other ch ronic diseases," Council Chair Lawren ce B. Harkless, DPM, said.

The Texas Round-Up program includes an online training program that provides suggestions



Council to meet in
Corpus Christi, July 14-15

goals of the Texas Round-Up

Texas com mu n i ties have en dors ed the

goals of the Governor's fitness

initiative. Priva te spon s ors also are

part of the effort to prom o te the

The Texas Diabetes Council will hold its summer quarterly meetings in Corpus Christi, July 14-15. The Omni Bayfront Hotel, 900 N. Shoreline Blvd., will host the meetings.

he Council will meet from 1 PM to 5 PM, Thursday, July 15. The Health Care Professionals Advisory Committee; the Diabetes Coalition of Texas; and advisory subcommittees on Outcomes and Standards Compliance, Medical Professionals, and Materials Dissemination will meet Wednesday, July 14, and the morning of Thursday, July 15.

The Council's meetings are open to the public. For more information, visit **www.texasdiabetes-council.org**, or call 512-458-7490.

SPRING 2004

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Education videos in the library and on television

n ewpati ent education video produced by the Texas Diabetes Council/Program is available from the Texas Department of Health Audiovisual Library.

The vi deo Controlling Diabetes – One Day at a Time is design edto help patients with newly diagnosed type 2 diabetes. It explains the importance of get ting regular check-ups, controlling blood sugar, eating healthy foods in healthy portions, and participating in physical activity. The 10-minute tape is available in both English and Spanish.

To order the video online, download the media order blank at **www.tdh.state.tx.us/avlib/forms.htm.** To get more information or order by phone, call 512-458-7260.



The Diabetes Program/Council is partnering with KLRU, Austin's community licensed television station and Public Broadcasting System (PBS) affiliate, to increase public awareness of diabetes. As part of the initiative, KLRU will schedule 10 broadcasts of the English and Spanish versions of the patient education video developed and produced by the Program/Council. The Diabetes Program staff also has assisted in planning other activities related to the initiative. The broadcast of the Diabetes Program's video and other diabetes-related events coincide with the season premier of the PBS drama series *American Family*. The series features a Latino cast and will incorporate diabetes into its story

line this season. KLRU reaches 1.5 million viewers in 578,000 television households across 13 counties in Central Texas.

From the Journal of the American Medical Association:

Lifetime risk for diabetes mellitus in the United States

ontext Although diabetes mellitus is one of the most prevalent and costly chronic diseases in the United States, no estimates have been publishedof individuals' average lifetime risk of developing diabetes.

Objective To estimate age-, sex-, and race/ethnicity-specific lifetime risk of

diabetes in the cohort born in 2000 in the United States.

Design, Setting, and
Participants Data from
the Nati onal Health
In terview Survey (19842000) were used to
estimateage-, sex-, and
race/ethnicity-specific
prevalence and incidence
in 2000. US Census
Bu reau data and data from
a previous study of
dia betes as a cause of
death were used to
estimateage-, sex-, and
race/ethnicity-specific

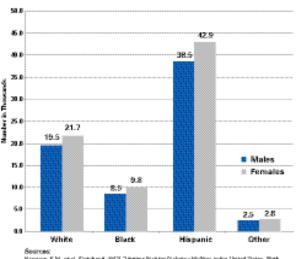
mortality rates for diabetic and nondiabetic populations.

Main Outcome Measures Residual (remaining) lifetime risk of diabetes (from birth to 80 years in 1-year intervals), duration with diabetes, and life-years and quality-adjusted life-years lost from diabetes.

Results The estimated lifetime risk of developing diabetes for individuals born in 2000 is 32.8% for males and 38.5% for females. Females have higher residual lifetime risks at all ages. The highest estimated lifetime risk for diabetes is among Hispanics (males, 45.4% and females, 52.5%). In dividuals diagnosed as having diabetes have large reductions in life expectancy. For example, we estimate that if an individual is diagnosed at age 40 years, men will lose 11.6 life-years and 18.6 quality-adjusted life-years and 22.0 quality-adjusted life-years.

Conclusions For indivi duals born in the United States in 2000, the lifetime probability of being diagnosedwith diabetes mellitus is substantial. Primary prevention of diabetes and its complications are important public health priori ties *JAMA*. 2003;290:1884-1890

Estimated Number of Males and Females Born in Texas in the Year 2000 at Risk for Developing Diabetes in Their Lifetime



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New CMS regulation updates definition of diabetes

The Centers for Medicare and Medicaid Servi ces (CMS) have revised the definition of diabetes for purpo ses of covering outpatient self-management training and medical nutrition therapy for Medicare beneficiaries.

he new definition states: "Diabetes m eans diabetes mellitus, a condition of abnormal glucose met a bolism diagnos ed using the following criteria: a fasting blood su gar greater than or equal to 126 mg/dL on two different occasions; a two-hour post-glucose challenge greater than or equal to 200 mg/dL on two different occasions; or a random glucose test over 200 mg/dL for a pers on with sym ptoms of uncontrolled diabetes." (Fed eral Register, Vol. 68, No. 216, p. 63223.)

Medicare previously covered selfmanagement training for beneficiaries who had one or more of the following medical conditions present within the 12-month period before the physician's order for the training:

- New onset diabetes.
- Inadequate glycemic control as evidenced by a glycosylated hemoglobin (A1c) level of 8.5 percent or more on two consecutive A1c determinations three or more months apart in the year before the beneficiary begins receiving training.
- A change in treatment regimen from no diabetes medications to any diabetes medication, or from oral diabetes medication to insulin.
- Hi gh risk for complications based on inadequate glycemic control (documented acute episodes of severe hypoglycemia or acute severe hyperglycemia occurring in the past year during which the beneficiary needed emergency room visits or hospitalization).
- Hi gh risk based on at least one of the following documen ted complications:
- Lack of feeling in the foot or other foot complications such as foot

- ulcers, deformities, or amput a tion.
- Pre-proliferative or proliferative retinopathyor prior laser treatment of the eye.
- Kidneycomplications related to diabetes, when manifested by albuminuria, without other cause, or el evated creatinine.

To learn more about the regulation change, go to the http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2003/pdf/03-27639.pdf.

Information is on pages 63222-23 and 63260.

To contact CMS, call 1-877-267-2323 (toll free). ■

Educational resources on the Web

From the National Di a betes Education Program

n response to the increasing incidence of type 2 diabetes in adolescents, the Nati onal Diabetes Education Program (NDEP) has created four tip sheets to encourage young people to manage diabetes for a long and healthy life. The tip sheets cover four topics:

What is Diabetes?
Stay at a Healthy Weight
Be Active
Eat Healthy Foods

The tip sheets are upbeat, colorful, and fun for kids, and the information may be helpful to many adults as well.

Go to www.ndep.nih.gov/diabetes/ youth/youth.htm or call 1-800-438-5383

To help educate overweight Hispanic and Latino Americans about their risk for developing type 2 diabetes and the steps they can take to prevent it, NDEP has launched the "Prevengamos la diabetes tipo 2. Paso a Paso (Let's prevent type 2 diabetes. Step by Step)" campaign.
Campaign materials include:

- Print (Spanish) and radio (Spanish and English) public service announcements
- "Paso a Paso" fact sheet



- The new "Movimiento" CD, featuring original music and lyrics to get Hispanic and Latino Americans more active and moving to help prevent diabetes
- The NDEP's bilingual recipe and meal planner
- Spanish version of the GAME PIAN's Food and Activity Tracker

Go to www.ndep.nih.gov/campaigns/ PasoaPaso/Paso_a_Paso.htm or call

1-800-438-5383.

Texas House committee focuses on diabetes

The Texas House of
Representatives Committee
on Pu blic Health is
studying the dem ographics
and costs of diabetes in
Texas and will report its
findings to the 79th Texas
Legislature, which convenes
Tuesday, January 11, 2005.

he committee's interim study is assessing the impact diabetes will have on Texas' population, budget, and health care sys tem in the future and will recommend appropriate policy changes.

Texas Diabetes Council Chair Lawrence B. Harkless, DPM, was among the speakers during the committee's public hearing in Corpus Christi, February 18, 2004.

The Diabetes Program staff provided members with epidemiological and other information relevant to the committee's charge.

In addition to the Texas Diabetes Council, the Texas Health and Human Services Commission, Am erican Diabetes Association, Texans for the Advancement of Medical Research, and the Corpus ChristiCoca-Cola Bottling Company were represented during the hearing.

Public Health Committee leadership includes Representatives Jodie Laubenberg (R-Parker), chair; Larry Taylor (R-Friendswood), vice-chair; and Vicki Truitt (R-Keller), budget and oversight chair.

Committee members are Representatives Jaime Capelo (D-Corpus Christi), Garnet Coleman (D-Houston), Glenda Daws on (R-Pearland), Jim McReynolds (D-Lufkin), Elliott Naishtat (D-Austin), and Bill Zedler (R-Arlington).

Outpatient Rapid Assessment (OPRA) Recommended Services Please complete this form, and return it to the receptorist.		
	tow a	enti Sew Luisting
Please answer all questions below. Mark circles like this → ● Not like this → □ ⊗	MONPPASSAT	
Name you had a recommended presuments rescribed on since age 60° (Medicians pays 199% for the excitation.) One. Do 'the. One had all set for the presuments users retire today. One had not remarked. O it do not exert the contradion of the first.	Cornell Phi's vaccination given Patient counseled, but refused Not recommended	
Here you had a flu shot for the current flu season? ○ too. ○ Ano, but!! will set for the flu shot today ○ I do not consente. ○ I do not want the constitution at the time.	O Current O Plu-vaccination given O Pater's counseled, but refused O Not recommended	
# 17(A) ARE A WOMAN, have pre-had a recommended engineeringmen in the party party. Meditures helps pay for this saw and there is no electricities. ○ Yes. ○ No. Let's all sail but the recommended mannagement today. ○ 1 do not exemitize.	Current Manningram undered Patient counseled, but educed Net recommended	
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OPRA promotes prevention

he Out Pati ent Rapid Assessment (OPRA) is a physician office tool design ed by the Texas Medical Foundation to prompt pati ents and physicians to discuss preventive services.

The patient completes the first portion of the OPRA form, and the physician completes the second portion, noting the patient's status and ordering immunizations or tests as appropriate. Questions related to diabetes request information on A1c, lipid profile, and eye exam. Other topics on the form are breast cancer and immunizations for influenza and pneumonia.



To learn more about the OPRA tool or other services and products available from the Texas Medical Foundation, contact a qualityimprovement specialist at 1-800-725-9216 or e-mail patnerships@

tmf.org.

Diabetes Council wants to SAFE-guard kids' health

s part of its ongoing effort to improve nutrition and increase physical activityin children and adolescents, the Texas Diabetes
Council has en dorsed the concept of the SAFE campaign. Pediatric en doc rinologist Stephen
Pon der, MD, devel oped the campaign in cooperation with Dris coll Children's Hospital,
Corpus Christi.

SAFE materials encourage youth to:

- Skip or stop high-calorie drinks,
- Alter snack habits,
- · Forget unhealthy fast foods, and
- Exercise daily.

Campaign materials, including posters, brochures, badges, and refrigera tor magnets, will be distributed through schools and pediatricians' offices in Texas and other states.

For more information on the campaign, e-mail your inquiry to **patsy.reyes@ dchstx.org.**

Diabetes patients continue to lead in expenditures for Kidney Health Care

The Texas Department of Health Bureau of Kidn eyHealth Care reports that in 2003, as in previous years, end-stage renal disease patients with a primary diagnosis of diabetes accounted for the largest portion of client services expenditures (\$10 million).

The KidneyHealth Care 2003 Annual Report is available at www.tdh.state.tx.us/kidney/2003ar/default.htm.

TDH recognizes eight school health programs

The Texas Department of Health (TDH) has recognized eight schools and school districts with Awards for Excellence in Texas School Health.

In its 14^{th} year, the awards program provides recognition and financial awards to public, private, and charter schools and school districts working to improve long-term health practices among students, staff, and the school community.

Winning "EXCELLENCE" Awards of \$1,500 are:

Bright Elementary School

Frisco In depen dent School District, for its Lunch Bunch program

MacArthur High School

North East In dependent School District, San Antonio, for its Mac CPR Club

Bluebonnet Elementary School

Lewis ville In dependent School District, for its Healthy Care Bears Week

Winning "OUTSTANDING" Awards of \$1,000 are:

Lubbock Independent School District

for its Beary's Five Rights pre - school pu ppet pro gram

Kountze Independent School District

for its fitness cen ter

Hirsch Elementary School

S pring Independent School District, for its *Planet Health: An Intergalactic Health Game*

Receiving "PREVIOUS WINNER" Awards of \$1,200 are:

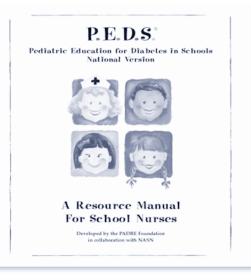
West Orange-CoveConsolidated Independent School District

for its Piecing Together Healthy Lives employee health and wellness program

St. Mark Catholic School

Diocese of Dallas, for its Safety + Wellness = Happiness program

The awards pro gram is administered by TDH and funded by the Texas Health Foundation, For the 2003-2004 school year, three new cash awards funded by the Texas Pediatric Society Foundation will be added to recognize school health pro grams promoting physical activity and bet ternutrition to reduce obesity-related illnesse among students. Information on the awards program is available on the Web at www.tdh.state.tx.us/schoolhealth/awards.htm.



PEDS

- + school nurses
- better care for students with diabetes

The Texas Diabetes Council has endorsed the Pediatric Education for Diabetes in Schools (PEDS) curriculum, a comprehensive training resource developed by the Padre Foundation in California and the National Association of School Nurses.

PEDS training program for regis tered nurses is sch eduled in conjunction with the Texas School Nurse Organization's Annual Conference in November. The participants will train other RNs in their organizations regarding safe and appropriate care for students with diabetes. At the campus level, nurses share their knowledge and PEDS tools with administrators and other school personnel to promote a coll a borative, non-discriminatory school environment.

"The training is design ed to provi de current and consistent professional devel opm ent to school nu rses and enhance nursing practice," said Vincy Dunn, MSN, RN. Ms. Dunn, who represents the Texas and national associations of school nurses, explained the curriculumto the Texas Diabetes Council during their quarterly meeting in January 2004.

More information on PEDS, including free downloadable materials and online training, is available on the Web at **www.pedsonline.org.**

Visit us on the web

eep the Texas Diabetes Council's Web address – www.texasdiabetes
council.org – on your favorites list for quick access to valuable information for health care professionals and patients.

Looking for continuing education? Click on *Diabetes in Texas: Making a Difference*. This site hosts an independent study activity that of fers credit in Category 1 of the Physician's Recognition Award of the American Medical Association. There's no charge for health care professionals in Texas.

Other Web-based resources for providers include:

- The latest versions of the Council's algorithms and standards of care;
- The Di a betes Tool Kit, a teaching aid for health care professionals; and
- In structions on how to order publications in Spanish and English for patients.

Point your mouse to **www.texas diabetescouncil.org** and visit us today!



Texas Diabetes Council Members

ouncil members are appointed by the Govern or and confirmedby the Senate. Membership includes a licensed physician, a registered nurse, a registered and licensed dietitian, a person with experience in public health policy, four consumer members, three members from the general public with expertise or commitment to diabetes issues, and five state agency representatives who are nonvoting members.

For information on the Texas Diabetes Program/Council, contact:

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Texas Rehabilitation Commission

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